



Region 2

**ACKNOWLEDGEMENT OF NOTIFICATION  
OF  
HAZARDOUS WASTE ACTIVITY**

01/18/2013

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.


<b>EPA I.D. NUMBER:</b>	<b>NYR000052373</b>
<b>INSTALLATION NAME:</b>	<b>LEARD ENVIRONMENTAL SERVICES INC</b>
<b>INSTALLATION ADDRESS :</b>	<b>53-16 NESCONSET HWY PORT JEFFERSON STATION, NY 11776</b>
<b>MAILING ADDRESS :</b>	<b>PO BOX 618 PORT JEFFERSON STATION, NY 11776</b>

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2  
RCRA Programs Branch  
290 Broadway, 22nd Floor  
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS  
Tel : (212) 637-4106  
Fax: (212) 637-4437**

**TO: LEARD ENVIRONMENTAL SERVICES INC  
or Current Occupant  
ATTN: NORMAN LEARD IV  
PO BOX 618  
PORT JEFFERSON STATION, NY 11776**

<b>SEND COMPLETED FORM TO:</b> The Appropriate State or Regional Office.	United States Environmental Protection Agency <b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b>			 2012 DEC 31 AM 1:39
<b>1. Reason for Submittal</b>  MARK ALL BOX(ES) THAT APPLY	<b>Reason for Submittal:</b> <input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input checked="" type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input type="checkbox"/> Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, $>1$ kg of acute hazardous waste, or $>100$ kg of acute hazardous waste spill cleanup in <u>one or more months</u> of the report year (or State equivalent LQG regulations)			
<b>2. Site EPA ID Number</b>	EPA ID Number <u>NYR 000 052 373</u>			
<b>3. Site Name</b>	Name: <u>LEARD ENVIRONMENTAL SERVICES, INC.</u>			
<b>4. Site Location Information</b>	Street Address: <u>S3-16 NESCONSET HIGHWAY</u> City, Town, or Village: <u>PORT JEFFERSON STATION</u> County: <u>SUFFOLK</u> State: <u>NEW YORK</u> Country: <u>UNITED STATES</u> Zip Code: <u>11776</u>			
<b>5. Site Land Type</b>	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			
<b>6. NAICS Code(s) for the Site (at least 5-digit codes)</b>	A. <u>5 6 2 1 1 2</u> C. <u>      </u> B. <u>4 8 4 1 1 0</u> D. <u>      </u>			
<b>7. Site Mailing Address</b>	Street or P.O. Box: <u>P.O. BOX 618</u> City, Town, or Village: <u>PORT JEFFERSON STATION</u> State: <u>NEW YORK</u> Country: <u>UNITED STATES</u> Zip Code: <u>11776</u>			
<b>8. Site Contact Person</b>	First Name: <u>NORMAN</u> MI: <u>W.</u> Last: <u>LEARD, IV</u> Title: <u>PRESIDENT, COO</u> Street or P.O. Box: <u>PO BOX 618</u>			
	City, Town or Village: <u>PORT JEFFERSON STATION, NY 11776</u> State: <u>NEW YORK</u> Country: <u>UNITED STATES</u> Zip Code: <u>11776</u> Email: <u>LABPACK1@OPTONLINE.NET</u> Phone: <u>631-642-2324</u> Ext.: <u>NONE</u> Fax: <u>631-642-2325</u>			
<b>9. Legal Owner and Operator of the Site</b>	A. Name of Site's Legal Owner: Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other Street or P.O. Box: <u>S3-16 NESCONSET HIGHWAY-Z 112 HCLWTRP</u> City, Town, or Village: <u>PORT JEFFERSON STATION</u> Phone: <u>631-403-3160</u> State: <u>NEW YORK</u> Country: <u>UNITED STATES</u> Zip Code: <u>11776</u> B. Name of Site's Operator: <u>LEARD ENVIRONMENTAL</u> Date Became Operator: <u>12/15/12</u> Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			

Cell  
(631) 466 0520

**D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K**

- ❖ You must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

- ☐ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories  
**See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:**
- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university
- ☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

**11. Description of Hazardous Waste**

- A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

TRANSPORTER - NO WASTE HANDLING.						

- B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.


**12. Notification of Hazardous Secondary Material (HSM) Activity**

Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

**13. Comments**

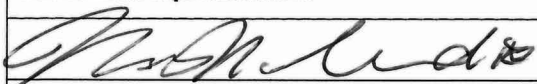
TO WHOM IT MAY CONCERN: I AM KEEPING  
MY TRUCK, 86617JA, NYSDOC 1A-505 AT THIS  
LOCATION NOW. THANK YOU.

**14. Certification.** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative

Name and Official Title (type or print)

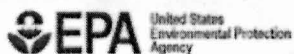
Date Signed  
(mm/dd/yyyy)



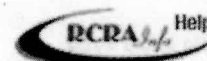
NORMAN W. LEARD, II  
PRESIDENT, COO

12/19/2012





## Update a Site Identification Form

NORTH SHORE PLAZA - LEARD  
ENVIRON SVCS

PORT JEFFERSON STATION

NYR000052373

Navigational Shortcuts: [General Information](#) [Reason Site ID and Name](#) [Location](#) [Land Type](#) [NAICS](#) [Mailing](#) [Contact](#) [Owner and Operator](#) [Waste Activity](#) [Haz](#) [Wastes Certification](#)

Last Updated By: NUS

Last Updated On: 04/22/2010 02:22:44

## General Information

Received Date: *	01/01/2007	Non-notifier:	Select a Non-notifier.	Extract to Public? <input checked="" type="checkbox"/>
Accessibility:	Select an Accessibility.			Send Acknowledgement:

## 1. Reason for Submittal \*

<input type="checkbox"/>	To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID Number for this location). [Source N]
<input type="checkbox"/>	To provide a Subsequent Notification (to update site identification information for this location). [Source N]
<input type="checkbox"/>	As a component of a First RCRA Hazardous Waste Part A Permit Application. [Source A]
<input type="checkbox"/>	As a component of a Revised RCRA Hazardous Waste Part A Permit Application. [Source A]
<input type="checkbox"/>	As a component of the Hazardous Waste Report. [Source R]
<input checked="" type="checkbox"/>	Implementer - Agency that is implementer of Record for Handler. [Source I]
<input type="checkbox"/>	Emergency. [Source E]
<input type="checkbox"/>	Temporary. [Source T]

## 2. Site ID

EPA ID: *	NYR000052373	Activity Location: *	NY
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## 3. Site Name

Name: *	NORTH SHORE PLAZA - LEARD ENVIRON SVCS
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## 4. Site Location (Physical address, not P.O. Box or Route)

Select Address to Copy From

Number:	1597				
Street 1: *	RTE 112				
Street 2:					
City, Town or Village: *	PORT JEFFERSON STATION	County: *	SUFFOLK		
State: *	NEW YORK	Country: *	UNITED STATES	Zip Code: *	11776
State District:	NYSDEC R1				

## 5. Site Land Type

Land Type:	Private
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6. North American Industry Classification System (NAICS) [Hint](#)

Find NAICS							
NAICS A:	562112 (Primary)	NAICS B:	54161	NAICS C:	54162	NAICS D:	56291

## 7. Site Mailing Address

Select Address to Copy From

Number:	8						
Street 1:	ANDREW ST						
Street 2:							
City, Town or Village:	PORT JEFFERSON STATION						
State:	NEW YORK	Country:	UNITED STATES			Zip Code:	11776

## 8. Site Contact Person

First Name:	NORMAN	Middle Initial:	W	Last Name:	LEARD IV
Title:					

## 8a. Site Contact Address

Select Address to Copy From

Number:	8						
Street 1:	ANDREW ST						
Street 2:							
City, Town or Village:	PORT JEFFERSON STATION						
State:	NEW YORK	Country:	UNITED STATES			Zip Code:	11776
Email Address:							
Phone Number:	6314761592	Ext:		Fax:			

9. Legal Owner and Operator [Hint](#)

A. Legal Owner <a href="#">Add</a> <a href="#">Delete All Owners</a>							
Seq.	Ind.	Type	Name	Address	Date Became Current	Date Ended Current	
1	CO	P	<u>EXCESS ENERGY CORP</u>	439 N TERRACE AVE MOUNT VERNON NY 10552 US	01/01/2001		
2	CO	P	<u>NORTH SHORE REALTY DEVELOP CORP</u>	UNKNOWN UNKNOWN NY 99999 US	06/15/1999		
B. Legal Operator <a href="#">Add</a> <a href="#">Delete All Operators</a>							
					Date	Date	

Seq.	Ind.	Type	Name	Address	Became Current	Ended Current
3	CP	P	<u>NORMAN W LEARD IV</u>	UNKNOWN UNKNOWN NY 99999 US	06/15/1999	

**10. Type of Federal Regulated Waste Activity****A. Hazardous Waste Activities (Complete all parts 1-7)****1. Generator of Hazardous Waste (Federal)**N - Not a Generator ☐**2. Transporter of Hazardous Waste**☒ a. HW Transporter☐ b. HW Transfer Facility**Generator of Hazardous Waste (State)**9 - This option is not active ☐☐ **3. Treater, Storer, or Disposer of Hazardous Waste** Note☐ **4. Recycler of Hazardous Waste** Note**5. Exempt Boiler and / or Industrial Furnace****Indicate other generator activities (check all that apply).**☐ d. Short Term Generator Note☐ a. Small Quantity On-site Burner Exemption☐ e. United States Importer of Hazardous Waste☐ b. Smelting, Melting, Refining Furnace Exemption☐ f. Mixed Waste (hazardous and radioactive) Generator☐ **6. Underground Injection Control**☐ **7. Receives Hazardous Waste from Off-site****B. Universal Waste Activities****1. Large Quantity Handler of Universal Waste** Note

Generated Accumulated/Managed

Consumer Electronics ☐Oil-Based Finishes ☐Other Universal Waste ☐Batteries ☐Lamps ☐Pesticides ☐Mercury containing  
equipment ☐**C. Used Oil Activities****1. Used Oil Transporter - Indicate types of activities.**☒ a. Transporter☐ b. Transfer Facility**2. Used Oil Processor and / or Re-refiner - Indicate types of activities.**☐ a. Processor☐ b. Re-refiner☐ **3. Off-Specification Used Oil Burner****4. Used Oil Fuel Marketer - Indicate types of activities.**☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner☐ b. Marketer Who First Claims the Used Oil Meets the Specifications**D. Eligible Academic Entities with Laboratories - Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K.** Note**1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories.** Note☐ a. College or University☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university.☐ c. Non-profit institute that is owned by or has a formal written affiliation agreement with a college or university.**2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories.****E. State Activities**

No State Activities Available.

**11. Description of Hazardous Waste** Hint

Dropdown Size: 5

Type D <a href="#">Select All</a> / <a href="#">Remove All</a>	Type F <a href="#">Select All</a> / <a href="#">Remove All</a>	Type K <a href="#">Select All</a> / <a href="#">Remove All</a>	Type P <a href="#">Select All</a> / <a href="#">Remove All</a>	Type U <a href="#">Select All</a> / <a href="#">Remove All</a>	Type X <a href="#">Select All</a> / <a href="#">Remove All</a>
D001 ▲	F001 ▲	K001 ▲	LABP ▲	U001 ▲	B001
D002	F002	K002	P001	U002	B002
D003	F003	K003	P002	U003	B003
D004	F004	K004	P003	U004	B004
D005	F005	K005	P004	U005	B005
D006	F006	K006	P005	U006	B006
D007	F007	K007	P006	U007	B007
D008	F008	K008	P007	U008	X001
D009	F009	K009	P008	U009	X003
D010 ▼	F010 ▼	K010 ▼	P009 ▼	U010 ▼	
Total D Selected: 0	Total F Selected: 0	Total K Selected: 0	Total P Selected: 0	Total U Selected: 0	Total X Selected: 0

**12. Notification of Hazardous Secondary Material (HSM) Activity**

☐ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(ii), 40 CFR 261.4(a)(23),(24), or (25)?

**13. Comments** [Clear Notes](#)

Chars Remaining 3614

22-APR-10 Verified Nulling of "Transferred to CERCLA Status": EPA Universe Clean-Up for 01/01/2006, (Rundate: 05/08/2007), as per 2003/2004/2005 Acute/NonAcute Manifest data. Old Univ= N New Univ= N Update 10/03 to ensure Leg\_Dist is associated with correct Counties  
HNAICS Notes: This record created to coincide with EPA Mass Update for 01/01/2007 on Rundate: 06/11/2008

**14. Certification** [Add](#) [Delete All Certifiers](#)[Hint](#) [Read the certification.](#)

First Name:	M.I.:	Last Name:	Title:	Date Signed:
MASS		UPDATE	BRS-MANIFEST	01/01/2007

Navigational Shortcuts: [General Information](#) [Reason Site ID and Name](#) [Location](#) [Land Type](#) [NAICS](#) [Mailing](#) [Contact](#) [Owner and Operator](#) [Waste Activity](#) [Haz. Wastes](#) [Certification](#)

[Update](#) [Delete](#) [Back to the Handler Main Menu](#)

URL: /rcrainfo/handler/siteidmntn.jsp